MISSOURI DEPARTMENT OF TRANSPORTATION www.modot.org

For Department Use Only	
ENT PX	DX

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PLEASE TYPE OR PRINT IN INK. APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED.

Nam	e on Your Social Security Card			D	4.				
(Last)	(F	First) (Middle or I	(Middle or Initial)					
Socia	al Security Number		County of Legal Residence	County of Legal Residence					
Mail	ling Address								
	(Street, Route Number, P	.O. Box, HRC)	(City)	(S	tate) (Zip)				
App	licant's Email Address								
Tele	phone Numbers () (Number Wh	nere You can be Contacted Re	egarding Employment)	() g Employment) (Home)					
or po Do y by th	you at least age 18, a high school gradu ossess a GED? Yes No Octoo (or your spouse) have any relative(so department? Yes No So, give name(s) and relationship(s).		Are you a U.S. citizen? Yes I No I	ıbmit verifi					
(State Have Class	e you passed the written portion of the G	(Number) CDL test? Other PES OF WORK THAT		ou have? you have? LINES PR	COVIDED BELOW.				
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Accounting/Auditing Archaeology (Cultural Resources)/ Environmental* Archaeology Technician* Attorney Bookkeeping/Payroll Bridge Maintenance/Painting* Building Maintenance and Repair Chemist* Civil Engineer** Computer Information Specialist/ Programmer/System Support Computer Technician Core Drill Operation* hese jobs are located at General Head	13. Cu 14. Di 15. Di 16. El 17. El 18. Go 20. Go 21. Hi 22. Hi 23. Hu 24. Jo 25. Le 26. M	astodial ata Entry Operator* cafting/CADD ectrician ectronic Repair eneral Clerical eologist overnmental Affairs* Ighway Construction Technician Ighway Maintenance Iman Resources Management urnalism/Public Affairs egal Secretary aterials Testing/Inspection/Research	27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38.	Mechanic/Vehicle Repair Paralegal/Legal Assistant Photography* Planning Technician Print Shop * Purchasing/Stocking Operations Real Estate Acquisition Risk Management/Safety Secretarial Service Attendant Sign Manufacturing* Surveying Transportation Planning				
	Questions regarding civil engineer caree		recruiter toll free at 1-877-605-1435						
1.	2. 3.	Other (state only specif	ic occupations, if not noted above)						

INDICATE TYPE(S) OF EMPLOYMENT YOU WILL ACCEPT Full-Time (Ongoing in nature, 40 hours per week) Seasonal (Hired for a specific period – normally April to October) Permanent Part-Time (Ongoing position, which works less than 40 hours per week) Temporary (Hired on an as-needed basis) Intern (College student with semester hours hired to work mid-May – August, or between semester breaks) Summer Student Coop Student (Student in civil engineering, information systems, or business administration who rotates school and work schedule) Emergency (Hired based on sporadic needs, i.e., snow removal, etc.)																			
RETURN YOUR APPLICATION, IN PERSON OR BY MAIL, TO YOUR FIRST LOCATION PREFERENCE (SEE PAGE 8 FOR DISTRICT ADDRESSES) WHERE IT WILL BE ENTERED INTO THE DEPARTMENT WIDE SYSTEM AND KEPT ON FILE FOR SIX MONTHS. MAXIMUM OF THREE LOCATIONS ONLY.																			
1. Northwest District 5. Central District 8. Springfield Area District 2. North Central District General Headquarters 9. South Central District 3. Northeast District 6. St. Louis Area District 10. Southeast District 4. Kansas City Area District 7. Southwest District Central District (Jefferson City Area) and General Headquarters are considered as one location. Indicate county or counties where you desire employment if not available for all counties within a district																			
Indicate the number ☐ None	of workdays per mon ☐ Infrequ	th of overnight travel you are ent (1-3)			ccept v		ob: Extensive (11-19)	□F	ull-Time (20	-21)									
EDUCATION AND TRAINING: ALL APPLICANTS MUST COMPLETE Attach a reproduced copy of college transcripts, diplomas, certificates, etc.																			
Type of School	Name of School	City and State		High	ircle est Yea		Graduated	Starting Date	Ending Date	Major/ Minor									
Grade			5	6	7	8	XXXX	XXXX	XXXX	XXXX									
High School/GED			9	10	11	12	Yes □ No □ GED □	XXXX	XXXX	XXXX									
College			1	2	3	4	Obtained Degree? Yes □ No □												
College			1	2	3	4	Obtained Degree? Yes □ No □												
Graduate School			1	2	3	4	Obtained Degree? Yes □ No □												
Business or Vo-Tech School			1	2	3	4	Obtained Degree? Yes □ No □												
Correspondence																			
or Night School									Į.	Courses taken: Accounting Algebra Biology CADD/Microstation Calculus Chemistry									
									C	hemistry									
		Algebra Biology etry Physics							Other	Themistry									
Courses taken: Acc Computer Programmin If college credit is ed. How many additions	arned but no degree, in		nours	Statis	tics		Trigonometry		Other										

EMPLOYMENT HISTORY: ALL APPLICANTS MUST COMPLETE

List previous employment **beginning with your present or most recent employer.** Show all dates of unemployment. Include any military service, self-employment, and unpaid work experience. Include additional sheets, if necessary.

NOTE: If a resume is attached, the information listed under "Employment Dates" <u>must</u> be filled out in its entirety.

** You will need to tab through the fields below.

EMPLOYMENT DATES			DUTIES:
FROM: MO/YR	TO: MO/YR		
EMPLOYER'S NAME			
EMPLOYER'S ADDRESS			
SUPERVISOR'S NAME AND TI	TLE	TELEPHONE	
YOUR JOB TITLE		1	
10000000			
BEGINNING SALARY ENDING SALARY		DING SALARY	
REASON FOR LEAVING	I		
	MENT DATES	MO/VP	DUTIES
FROM: MO/YR	10:	MO/YR	
EMPLOMEDIC MANGE			
EMPLOYER'S NAME			
EMPLOYED: GAPPEGG			
EMPLOYER'S ADDRESS			
		T	
SUPERVISOR'S NAME AND TI	TLE	TELEPHONE	
YOUR JOB TITLE			
BEGINNING SALARY	ENDI	NG SALARY	
REASON FOR LEAVING			
REASON FOR LEAVING			
EMPLOY	MENT DATES		DUTIES:
FROM: MO/YR	TO:	MO/YR	
EMPLOYER'S NAME	<u>.</u>		
EMPLOYER'S ADDRESS			
SUPERVISOR'S NAME AND TI	ΓLE	ГЕLЕРНОNЕ	
YOUR JOB TITLE	-		
BEGINNING SALARY	ENDI	NG SALARY	
REASON FOR LEAVING	1		

- 3 -

EMPLOYMENT HISTORY: ALL APPLICANTS MUST COMPLETE CONTINUATION

EMPLOYMENT DATES			DUTIES:	
FROM: MO/YR	TO: MO/YR			
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS				
SUPERVISOR'S NAME AND TI	TLE	TELEPHONE		
		TEEE TOTAL		
YOUR JOB TITLE				
BEGINNING SALARY ENDING SALARY		IDING GALARY		
BEGINNING SALARY E		IDING SALARY		
REASON FOR LEAVING				
REASON FOR LEAVING				
EMPLOY	MENT DATES		DUTIES	
FROM: MO/YR	TO:	MO/YR		
EMPLOYER'S NAME	<u> </u>			
EMPLOYER'S ADDRESS				
SUPERVISOR'S NAME AND TI	TI F	TELEPHONE		
SUPERVISOR S NAME AND TITLE TELEPHONE		TEEETHONE		
YOUR JOB TITLE				
YOUR JOB IIILE				
DECEMBER OF A LOW		nic cit i bit		
BEGINNING SALARY	ENDI	ING SALARY		
DE A CON FOR LE AVING				
REASON FOR LEAVING				
EMPLOY	MENT DATES		DUTIES:	
FROM: MO/YR	TO:	MO/YR		
EMPLOYER'S NAME	<u> </u>			
EMPLOYER'S ADDRESS				
EMI LOTEK STADDICESS				
SUPERVISOR'S NAME AND TI	TIE	TELEPHONE		
SULEKVISOK SIVAME AND II	ILE	TELEFITONE		
WOLD TOD THE F				
YOUR JOB TITLE				
BEGINNING SALARY	ENDI	ING SALARY		
DEAGON FOR LEAVING				
REASON FOR LEAVING				
Date you can begin employn	nent:		Minimum salary willing to accept?	

SPECIAL SKILLS – LABOR AND TRADES: ONLY APPLICANTS SEEKING EMPLOYMENT IN LABOR AND TRADE JOBS ARE REQUIRED TO COMPLETE THIS SECTION (HIGHWAY MAINTENANCE, MECHANICS, ETC.)

Check any of the following	ng skills that you have, based on training or exper	rience:					
Auto/Truck M ajor Mechanical Repair Auto/Truck Minor Mechanical Repair Carpentry Core Drill Operation Electrician Jackhammer Operation Landscape Construction/Maintenance	Operate Backhoe Operate Dump Truck Operate Farm Tractor Operate Front End Loader Operate Heavy Excavation Equipment Operate Light Excavation Equipment Operate Motorgrader	 □ Operate Pickup Truck □ Operate Snowplow □ Operate Tractor/Trailer Truck □ Sandblasting □ Structural Steel Painting □ Surveying □ Welding □ Other Skills 					
SPECIAL SKILLS - CLERICAL: ONLY CLEI	RICAL APPLICANTS ARE REQUIRED	TO COMPLETE THIS SECTION					
Check any of the following	ng skills that you have, based on training or expe	rience:					
	Processing Telephone/Reception Typewriter (WPM)						
	TIALS: ONLY APPLICANTS SEEKING NAL CREDENTIALS ARE TO COMPLE						
Registered Engineer Yes No	If yes, list State and Reg. No.						
Engineer in Training Yes No Registered Land Surveyor Yes No No	If yes, indicate Enrollment No. If yes, list State and Reg. No.						
Licensed Attorney Yes No Certified Real Estate Appraiser Yes No No	If yes, list State and License No. If yes, indicate State, General, or Residentia	1					
NICET Certification Yes ☐ No ☐	TC 1 1 1						
Other Licenses or Registrations							
MILITARY	RECORD: ALL APPLICANTS MUST C	COMPLETE					
If you are a male between 18 and 26 years of age, have you re Have you ever served in the U.S. Military Service? Yes If yes: a) Are you an honorable discharged veteran? Yes b) State branch and period of active service	□ No □	Yes No No					
NOTE: (Branch) A dishonorable or general discharge is not an absorbable employment.		riod of Active Service) ect the final decision regarding					
APPLICANT'S SI	IGNATURE: APPLICANT <u>MUST SIGN</u>	APPLICATION					
I understand that my application will be active for six months and, upon my request, is renewable for an additional six months. I certify that the information provided herein is true and complete to the best of my knowledge. I understand misrepresentation or omission of information on this application and/or inserts, including relatives working for the department, educational attainments, work history, professional credentials, etc. is cause for rejection of my application or subsequent dismissal from employment.							

Failure to complete and sign the application and the following form: "DRUG TESTING, ALCOHOL TESTING, AND PRE-EMPLOYMENT, POST-OFFER MEDICAL EXAMINATION CONSENT; AND AUTHORIZATION TO RELEASE INFORMATION CONSENT", will cause your application to <u>not</u> be considered for employment.

PRINT FORM, THEN SIGN WITH BLUE PEN BEFORE

SUMITTING TO MODOT – HUMAN RESOURCES

(Signature)

MISSOURI DEPARTMENT OF TRANSPORTATION

This form must be completed and returned with your application. Please be sure to sign and date.

DRUG TESTING, ALCOHOL TESTING, AND PRE-EMPLOYMENT, POST-OFFER MEDICAL EXAMINATION CONSENT

Drug Testing: It is the intent of the Missouri Department of Transportation to provide a drug-free workplace to protect the health and safety of employees and the general public. All applicants offered employment with the department must successfully pass a urine specimen drug test, at department expense. Applicants who fail the drug test, or applicants who refuse to be tested or fail to report for a drug test, will not be considered again for employment for a 12-month period. I understand that any employment offer will be contingent upon my passing the drug test.

Alcohol Testing: I understand if I am employed in a job requiring a commercial driver's license at the time of my termination from the Missouri Department of Transportation, the department has my permission to release any drug test and/or alcohol test results to an employer requesting this information.

Pre-Employment, Post-Offer Medical Examination: Applicants offered employment with the Missouri Department of Transportation are required to submit to a medical examination, at department expense, to determine if they are able to perform all essential job duties, with or without reasonable accommodation, to ensure the safety, health, and welfare of department employees and the general public. I understand that any employment offer will be contingent upon the successful completion of this pre-employment, post-offer medical examination.

AUTHORIZATION TO RELEASE INFORMATION CONSENT

I hereby request and authorize you to furnish the Missouri Department of Transportation with any and all information they may request concerning my employment record, driving record, education record, military record, and the release of any information pertaining to drug and/or alcohol testing and physical exam results with a previous employer. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the Missouri Department of Transportation.

I hereby release you and your organization from any liability which would result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of the Missouri Department of Transportation.

Applicant's Printed Name	(Last)	(First)	(Middle or Initial)	Social Security No.
If you were previously employed	under a different nam	e(s), please specify		
PRINT FORM, THEN SIG BEFORE SUBMITTING T	N SIGNATURE V	VITH BLUE PE	EN .	

MISSOURI DEPARTMENT OF TRANSPORTATION

AFFIRMATIVE ACTION SURVEY

Data provided below is **voluntary** and is not required in order to submit an Application for Employment. This data will assist the department in analyzing affirmative action statistics.

NOTE: This portion of the application will be removed and retained separate from the application files.

Name	e					Social Security No.	
	(Last)		(First)	(Mid	dle or Initial)		
Date	Completed					Date of Birth	
Sex:	Ma	le 🗆	Female				
Rac	e/Ethnic Grou	ıp					
	Caucasian (W All persons ha		of the original peoples o	f Europ	e, North Africa, o	r the Middle East.	
	African-Amer All persons ha Indian.		of the black groups of A	frica, as	well as those idea	ntified as Jamaican, Trinidadian, and West	
	Hispanic (Spanish American) All persons of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.						
	American Indian and Alaskan Native All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition, including Eskimos and Aleuts.						
	Asian and Pacific Islanders All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, and the Pacific Islands. This includes for example, Chinese, Japanese, Korean, Filipino, East Indian, Pakistani, Samoan, Malaysians, Thais, etc.						
Che	ck any Applic	able					
	Vietnam Era Veteran Any part of military service which was during the period August 5, 1964, through May 7, 1975, with active duty service of more than 180 days and discharged or released with other than a dishonorable discharge or was discharged or released from active duty because of a service connected disability.						
	Disabled Veteran Discharged or released from military service because of service connected disability, or rated 30% or more disabled, or rated 10 or 20% disabled under 38 U.S.C., Section 1506, to have a serious employment disability.						
	In	dicate what pro	mpted you to appl	y for o	employment w	rith the department:	
	Referred by a Fri Referred by a De Recruited by a D Internet Career Fair	partment Employee epartment Represen	•		Newspaper Adv	ity Announcement eacher	

MISSOURI DEPARTMENT OF TRANSPORTATION

GENERAL HEADQUARTERS AND DISTRICT OFFICE ADDRESSES

General Headquarters

Missouri Department of Transportation 105 West Capitol Avenue P.O. Box 270 Jefferson City, Missouri 65102 Toll Free 1-877-605-1435 (Human Resources)

District 1 - Northwest

Missouri Department of Transportation 3602 North Belt Highway P.O. Box 287 St. Joseph, Missouri 64502 (816) 387-2350

District 2 – North Central

Missouri Department of Transportation 902 North Missouri Street P.O. Box 8 Macon, Missouri 63552 (660) 385-3176

District 3 - Northeast

Missouri Department of Transportation 1711 South Highway 61 P.O. Box 1067 Hannibal, Missouri 63401 (573) 248-2490

District 4 – Kansas City Area

Missouri Department of Transportation 600 Northeast Colbern Road Lee's Summit, Missouri 64086 (816) 622-6500

District 5 - Central

Missouri Department of Transportation 1511 Missouri Boulevard P.O. Box 718 Jefferson City, Missouri 65102 (573) 751-3322

District 6 – St. Louis Area

Missouri Department of Transportation 1590 Woodlake Drive Chesterfield, Missouri 63017-5712 (314) 340-4100 (314) 340-4115 (Human Resources)

District 7 - Southwest

Missouri Department of Transportation 3901 East 32nd Street P.O. Box 1445 Joplin, Missouri 64802 (417) 629-3300

District 8 – Springfield Area

Missouri Department of Transportation 3025 East Kearney M.P.O. Box 868 Springfield, Missouri 65801 (417) 895-7600

District 9 – South Central

Missouri Department of Transportation 910 Springfield Road P.O. Box 220 Willow Springs, Missouri 65793 (417) 469-3134

District 10 - Southeast

Missouri Department of Transportation 2675 North Main Street P.O. Box 160 Sikeston, Missouri 63801 (573) 472-5333

If you have special needs addressed by the Americans with Disabilities Act, please notify the appropriate district office or General Headquarters. If you are hearing or speech impaired, please contact the Missouri Relay System by calling 1-800-735-2966.